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ABSTRACT

A model for bilingual vocational training of health care workers, designed for immigrants and refugees with limited English skills, is presented. The model's seven components include: recruitment; intake assessment; adapted vocational instruction; Vocational English as a Second Language (VESL); counseling and support services; job development and placement; and coordination of the first six elements so they are mutually supportive. The intensive 18-week program prepares participants as office workers and medical assistants, combining classroom instruction and on-the-job training. Job placement activities and further education options follow program completion. Course descriptions or outlines are included for each of these courses: medical terminology (I, II); medical assisting (I,II); job search; patient relations; telephone training; 10-key/business math; Windows 3.1; Wordperfect 6.0; typing; and Medical Manager (software). Procedures by which instructional materials are developed for the courses, including needs assessment and adaptation of materials for non-native English-speakers, are detailed and principles underlying practice are presented for bilingual instruction, coordination between ESL and vocational instructors, working with non-native-speaking students, and the cooperative learning approach. Strategies for setting up internships and for job development are offered. Finally, organizational sources for guest speakers are listed and student support services suggested. (MSE)
(Adjunct ERIC Clearinghouse on Literacy Education)

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ED 377 745

BILINGUAL VOCATIONAL TRAINING

FOR

HEALTH CARE WORKERS

A Guide for Practitioners

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Denise McCarthy

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BILINGUAL VOCATIONAL TRAINING

FOR

HEALTH CARE WORKERS

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Developed through funding from the U.S. Department of Education
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I. INTRODUCTION

A. NEED FOR TRAINED BILINGUAL HEALTH CARE WORKERS

Immigrants and refugees face numerous barriers to health access stemming from limited English proficiency and cultural beliefs and perspectives which are vastly different from the cultural assumptions which underlie the Western biomedical health care system. In a study conducted by the Asian American Health forum, for example, more than 60% of immigrants reported major problems in obtaining health care due to language and cultural obstacles.

Clearly, the availability of trained bilingual staff has a direct bearing on the quality of health care services delivered to immigrants and refugees. However, the resource pool of bilingual bicultural persons trained in medical terminology and other basic skills germane to health care settings is tremendously limited. Because of the general dearth of trained bilingual health care workers in the health care industry as a whole, most medical facilities are forced to rely on family members or untrained bilingual staff to facilitate communication between health professionals and non-English speaking patients. It is not uncommon, for example, to find housekeeping and clerical staff with little or no background in health care translating in hospital settings.

Trained bilingual staff enhance patient-doctor relations in a number of ways: Bilingual health care workers share and understand the culture-specific styles of interacting, traditions and expectations of non-native English speaking patients. They are often more aware of the traditional healing practices and remedies that patients might utilize, and are therefore more adept at educating patients about the possible limitations of such remedies and communicating such vital information to health practitioners. Trained bilingual health care workers are also better able to translate Western medical concepts into concepts that can be understood from the patient's cultural perspective, increasing the likelihood that patients will trust Western medicine, disclose symptoms and questions, and comply with prescribed medical treatment plans. Finally, such staff can help doctors better understand their patient's symptoms, concerns and goals which in turn influence the physician's decisions about appropriate avenues to pursue.

In response to this need, Career Resources Development Center (CRDC) developed a BVT health care training program which trains Asian immigrants and refugees for jobs as bilingual health care workers. The program is built around the principles of the BVT model.

B. BILINGUAL VOCATIONAL TRAINING MODEL

The BVT model has proven to be highly successful in effectively training non-native English speaking participants in vocational programs. The seven components of the BVT model are as follows:

1. Recruitment: Target recruitment specifically for non-native English speakers so that they have access to information about the program.

* Promotional materials (brochures, flyers, signs, AV presentations) should be translated into the native language(s) of prospective trainees.

* Native language mass media (radio and TV programs, newspapers) can be used to transmit information to target groups.

* Bilingual recruiters can be hired to visit communities and recruit potential students in their own language(s).

2. Intake Assessment: Vocational educators need to adapt or change some of their assessment strategies in order to allow non-native English speaking students fair access to programs.

* As assessment of vocational interest and aptitude should be available both in English and in the student's native language. If not available, students should at least be interviewed in their native language to determine their interests, strengths, and past experiences.

* English language proficiency should be tested (through a standardized test or through an informal oral interview) in order to determine the need for support services (VESL class, bilingual aide, etc.)

* Native language proficiency should be assessed (oral and written) in order to determine the kinds of bilingual support systems needed.

* Proficiency in basic skills (e.g. math) and in the vocational skill area need to be assessed in order to place the students properly. Although vocational skill assessments can often be done through demonstration, the instructions need to be in the native language to obtain accurate results.

3. Adapted Vocational Instruction: Entrance to a vocational program should not be delayed until students reach a certain level of English proficiency, although it is reasonable to require a specified level for program completion. Adapted vocational instruction includes simplifying oral and written English and providing various degrees of bilingual support. Examples include:

* a bilingual teacher
* bilingual teacher aids
* bilingual or translated materials
* bilingual peer tutors
* bilingual community volunteers
* bilingual taped materials
* bilingual safety signs

4. Vocational English as a Second Language (VESL): The purpose of VESL instruction is to provide non-native English speaking students with the English necessary to complete vocational training successfully and secure and keep a job.

* The content of the VESL class is directly related to the content of the vocational class.
* VESL teachers coordinate their lessons with the vocational instructor to determine what job-related language needs to be taught when.

5. Counseling and Support Services: Although it is ideal to have bilingual counselors, this does not mean that monolingual counselors cannot be effective. Strategies that all counselors can use to improve their effectiveness with non-native English speaking students include the following:

* Assess English and native language proficiency, vocational aptitude, and vocational skills appropriately.
* Help students record and validate previous vocational training and experience. Identify community agencies and organizations that can help students by providing translations, job referrals, etc.

* Refer trainees to appropriate agencies for bilingual personal counseling, financial aid, childcare, medical assistance, immigration information, etc. Be aware of and sensitive to cultural differences that may affect job training and job success. Counsel students to understand these differences as well.

6. Job Development and Placement: The special needs of non-native English speaking students should be considered in providing effective job development and placement.

* Prepare students for working in this country by providing employability skills training to address problems likely to occur because of differing cultural expectations (e.g. appropriate behavior in interview, dress and grooming expectations, punctuality, eye contact, expectations regarding leadership, etc.)

* Prepare potential employers for culturally different employees by briefing them about cultural differences and reminding them that these need not be problematic if expectations are made clear and explicit on both sides.

7. Coordination: The six program components described above need to be coordinated so that they are mutually supportive.

II. RECRUITMENT AND ASSESSMENT

A. RECRUITMENT

CRDC distributes bilingual program flyers to community-based agencies serving the Asian community, refugee programs, the Department of Social Services, the Private Industry Council, local school districts, and the Department of Rehabilitation in order to recruit trainees in to the BVT program. Public service announcements are sent out to mass media (TV, radio, newspapers) which serve Asian communities. Program flyers are most effective when they are:

a. goal oriented

b. provide information through visuals

c. detail critical program information

d. are visually attractive

B. ORIENTATION

Applicants to CRDC's programs are invited to recruitment and assessment sessions which are conducted bi-monthly. During the two-hour session, applicants are provided an orientation to CRDC's educational programs and are given an opportunity to indicate which of CRDC's programs they would like to attend. During the first phase of the session, applicants are presented with full information about benefits and responsibilities so they can make an informed choice about whether the training programs available are the best avenue toward their goals. Recruitment sessions organized around the following principles are most effective:

* Keep them upbeat and positive.

* Stress long-term benefits: steadier work, higher pay, more satisfying jobs, better life, contribution to community.

* Give equal stress to client's responsibilities: to attend, even when things are tough; to participate in all services; to seek and accept counseling when needed.

* Use case studies and testimonials about people from the program who have been successful.

* Give attendees printed materials about the programs and services to take home and discuss with their families.

C. ASSESSMENT

After the orientation session, applicants take a battery of tests to determine English language proficiency. These include a standardized grammar-based test (CELSA), and CRDC-developed listening and writing tests. The purpose of the assessment testing is not to exclude potential clients, but to determine how they can best be served by the agency and what supportive services they might need. CRDC staff review the tests along with the program interest survey and refer applicants to various programs. Applicants referred to the BVT Health Care program are called in for interviews with bilingual BVT program staff. At this interview, program staff assess:

* applicants native language proficiency (oral and written)

* motivation to complete training

* supportive services needs (childcare, health care, counseling, etc)

* employment background and transferable work skills

* family income and need

* career goals, both short term and long term in order to ensure that participants succeed in the program. During the intake interview, counselors discuss issues such as family support, childcare responsibilities, time schedules, and other issues which may create barriers to success in the program. Together, the counselor and potential participant problem solve such issues to eliminate any potential problems which may come up. Students are then placed in the next available program.

Recruitment Flyer

HEALTH TRAINING

CRDC

CAREER RESOURCES DEVELOPMENT CENTER

華埠就業輔導中心

18 weeks of FREE training in:

- Medical Terminology
- Medical Assisting
- Medical Records/Billing
- Computer
- Typing

Fast Pass & Childcare Assistance Available

After training, CRDC will help you:

- Find a job in the Health Care field
- Enroll in City College Health Programs

CLASSES START: AUGUST '94

Come in to fill out an application

提供十八週免費訓練,包括:

- 醫學術語
- 醫務助理
- 醫學檔案
- 電腦軟體
- 打字及其它訓練

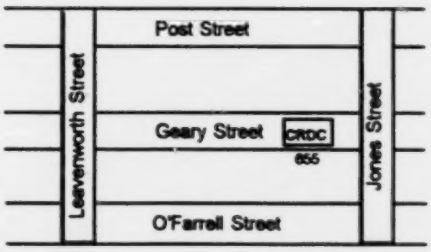
可申請交通與托兒幫助

本中心協助學員於受訓後:

- 在醫務所就業
- 申請市立大學醫護班

開課日期: 一九九四年八月

請親洽本中心報名



Career Resources Development Center *655 Geary Street* *San Francisco, CA 94102* *(415)775-8880*

華埠就業輔導中心 基利街655號 電話 (415)775-8880

CRDC'S STUDENT INTAKE FORM date: _____

Last Name	First Name	SS#	Sex F/M	Birthdate	Ethnicity
_____	_____	_____		_____	_____

Class Desired: _____ **Date of Interview:** _____ **Interviewer:** _____

A. Interests & Career Goals: _____

B. English Language Proficiency

	Evaluation Rating (5 = best)				
Comprehension	1	2	3	4	5
Fluency	1	2	3	4	5
Vocabulary	1	2	3	4	5
Pronunciation	1	2	3	4	5
Grammar	1	2	3	4	5

C. Skills (Educ./Work Background):

Transferable Skills	1 2 3 4 5	
Work History in Native Country	_____	(yrs/occupation)
Work History in the U.S.	_____	(yrs/occupation)
Education in Native Country	_____	
Education in the U.S.	_____	

D. Work Attributes:

Neatness	1	2	3	4	5
Flexibility	1	2	3	4	5
Motivation	1	2	3	4	5
Stability	1	2	3	4	5

E. Eligibility to Work: Yes No Source: _____

F. Socioeconomic Level: # in family _____

Family income: under $10,000 $10-15,999 $16-21,999 $22-24,999 $25-29,999 $30,000+

Receiving Financial Aid? Yes No Source: _____

Primary Wage Earner? Yes No

Need for Child Care? Yes No

G. Overall Applicant Motivation for Program:	1	2	3	4	5
Overall Applicant's English Level:	1	2	3	4	5
Overall Applicant's Employability:	1	2	3	4	5
Overall Applicant Suitability for Program:	1	2	3	4	5

H. Comments: _____

_____

_____

I. Test Scores:

Listening _____ Grammar (STEL) _____ Writing _____

Math _____ Typing _____wpm 10-Key _____spm

Native Language: _____

Reading _____ Writing _____ Oral _____

III. OVERVIEW OF BVT HEALTH CARE PROGRAM

CRDC's Health Care BVT program prepares participants for jobs as medical office workers and medical assistants through an intensive 18-week program . The program combines classroom training with on-the-job training at local health facilities. Students attend classes for seven hours daily during the first nine-week cycle. During the second nine-week cycle, they attend classes for four hours daily and get on-the-job training through an internship for four hours daily. During the internship phase, the participants are able to apply the vocational and language skills developed in the classroom to real-life situations in the workplace. About one third of the program graduates receive job offers from their jobsite employers..

Students also take a variety of educational workshops during their 18-week training, including seminars on Chinese Medicine, AIDS prevention, discrimination, health and safety, immunization, and CPR training. At the conclusion of training, CRDC's job developers provide job placement activities and/or assist student placement in allied health programs at City College of SanFrancisco.

A. Training Schedule

CYCLE 1
(9 WEEKS)

Medical Terminology I/
Medical Assisting II
Job Search
Patient Relations
Telephone Training
10-key /Business Math
Windows 3.1
WordPerfect 6.0
Typing

CYCLE II
(9 weeks)

Medical Terminology II/
Medical Assisting II
Medical Manager (Software)
Typing
Patient Relations
Job Search
Internships (4 hours daily)

B. Course Descriptions

Medical Terminology I and II

Development of basic medical terminology used in describing common ailments

and medical history, injuries and diseases. Includes terms used to describe human anatomy, body systems and functions, diseases, and medical equipment. Also includes terms used on common intake forms. This course is taken in conjunction with a medical assisting component which covers concept development in such areas as medical ethics, confidentiality and malpractice, AIDS, office emergencies, measuring and recording vital signs, giving injections and assisting in and completing paper work involved in general medical exams.

WordPerfect 6.0

Introduction to DOS and WordPerfect 6 on the IBM PC. Practice in creating and saving documents; basic formatting techniques for letters, memos and reports; editing and printing documents; mail merge and printing; creating columns; and incorporating graphics into a document.

Microsoft Windows 3.1

This course helps students understand the concepts of Microsoft Windows and learn the essentials for using a Windows program. Students learn to work smoothly with onscreen windows, run more than one application at a time, switch between applications and share data with Windows or non-Windows applications.

Telephone Training

Skill development in using the telephone in a medical office. Includes phone courtesy, taking messages, transferring calls, inquiring about patients' medical condition, scheduling and rescheduling appointments, communicating with insurance companies, pharmacists and other service providers, and using FAX machines.

Patient Relations (Front and Back Office)

Develops skill in communicating with patients in the office, answering questions, politeness devices, giving instructions, recording patient information, techniques for making patients comfortable, mail handling, time management, and general office procedures. Includes guidelines on translating in medical settings.

Typing

Using the Cortez Peters method, students focus on developing speed and accuracy using IBM Wheelwriter 3 typewriters.

Billing/Insurance Procedures

Concept development and skill in coding patient and guarantor information, posting ailment details, printing daily reports, billing routines, patient billing, posting payments and adjustments, printing hospital rounds reports, types of insurance carriers (private and public), billing insurance carriers, and updating files.

Job Search

Orientation to career planning, the job market, job search strategies, filling out job applications, preparing resumes, reading classified ads, writing cover letters, interviewing techniques, workers rights and responsibilities on the job, filling out employment forms, and understanding benefits.

Ten-key/Business Math

Covers common business math problems and instruction on operating a ten key machine. Includes speed practice drills.

COURSE OUTLINES

The following pages detail the curriculum outlines for each of the major courses in the BVT Health Care Training Program.

JOB SEARCH

Weeks 1 -6

1. **Introduction to the job market**
    a. Job market analysis (where the jobs are)
    b. How jobs are found
    c. Employment status
    d. Employment laws
        i) laws concerning work hours, breaks, overtime, etc.
        ii) Proving right to work
        iii) Unemployment insurance, disability insurance, worker's compensation
        iv) Sexual harassment and other forms of discrimination
        v) Health, life insurance forms, etc.

2. **Skills and Qualities**

    a. Transferable work skills
    b. Personal qualities
    c. Matching skills and qualities with labor market

3. **Resumes**

    a. General guidelines
    b. Explaining work and education history
    c. Resume formatting
    d. Contacting references

4. **Applications**

    a. Understanding job application vocabulary
    b. Writing effective job descriptions
    (Students continue to fill out applications throughout the job search course)
    c. Follow-up telephone calls

Weeks 7-12

5. Looking for Work

a. Using the Want Ads
   i) Vocabulary
   ii) Responding by phone
b. Networking
c. Direct application

6. Cover Letters

a. Principles of good cover letters
b. Highlighting qualities and experience

7. Interviewing

a. Typical interview questions
b. Questions to ask the interviewer
c. Concluding the interview
d. Thank you letters

TELEPHONE TRAINING

CURRICULUM OUTLINE

	Introduction
Wk 1 Day 2	Introduction to buttons, signal lights, sounds and the phone books
Day 3	Using the Phone and Pacific Bell videos
Day 4-5	Common American family names* and dictating skills
	Taking a message--names and numbers
	Practice
	Telephone Communication
Wk 2 Day 1	Answering and transferring calls
Day 2-3	Greeting new/established patients on the phone
Day 4-5	Establishing new patients and obtaining medical information
	Practice
	Telephone Techniques
Wk 3 Day 1	Telephone Gambits
Day 2	Basic phone etiquette -- the hold function and transferring calls
Day 3-4	Handling emergencies on the phone
Day 5	Giving information -- confidentiality on the phone
	Medical Phones
Wk 4 Day 1-4	Polite question strategies on the phone
	Discussing medical conditions -- problems and symptoms
	Inquiring billing and insurance information
Day 5	Practice
Wk 5 Day 1-2	Review and practice
Day 3	Making/Accepting referrals
Day 4-5	Handling troublesome calls
Wk 6 Day 1-2	Taking messages for the doctor -- Messages from patients/pharmacy/labs
Day 3	Calling the doctor for advice/in emergency
Day 4-5	Voice Mail
Wk 7-8	***Appointment Scheduling***
	The appointment book
	Principles and procedures for scheduling
	Appointment screening
	Appropriate vs. inappropriate responses in handling cancellations/delays
	Classroom practice scheduling
Wk 9	***Review and Evaluation***

* to be taught and practiced throughout the course

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Revised 8/18/93 Chris

PATIENT RELATIONS AND JOB SEARCH

CURRICULUM OUTLINE

WEEK 1-6	**A. Patient Relations and Workplace Communication**
	Communication with patients
Wk 1 Day 2	Greeting new and returning patients
Day 3-4	Giving directions for taking height, weight, and body temperature
Day 5	Practice
Wk 2 Day 1	Directing patients to take samples and exams
Day 2-3	Confirming and clarifying information
Day 4-5	Review and practice
	Patient Confidentiality
Wk 3 Day1	Introduction -- The importance of maintaining confidentiality of patient information
	Medical clerk's responsibility for confidentiality
	Release of information with/without patient consent
Day 2-3	Responding to requests for confidential information
Day 4-5	AIDS
	Polite Questioning Strategies
Wk 4 Day 1-2	Discussing insurance and charges
Day 3	New patients intake procedures
Day 4-5	Obtaining specific information
	Waiting room management
Wk 5 Day 1	Asking patients to wait
	Handling office emergencies
Day 2	1. Recognizing an emergency
Day 3	2. Procedures for handling emergencies
Day 4	3. Making referrals
Day 5	4. Answering/Referring questions
	Interacting with and Co-workers
Wk 6 Day 1-2	Appropriate responses vs. inappropriate responses
Day 3	Making small talk and taking initiatives at work
Day 4-5	Problem solving and making suggestions
WEEK 7-9	**B. Job Search**
	Introduction to resume
Wk-7 Day 1	What's in a resume
	Introduction to formats
	Resume writing ***Introduction to Health Care Career Paths***
Day 2-5	Writing the 1st draft ***Introduction to City College Health Care Programs***
Wk-8 Day 1-5	Revising the 1st draft (2nd draft)
Wk-9 Day 1-2	Editing--grammar check (spell check, other errors)
Day 3-5	Finalizing the resume (4th/firial draft)

MEDICAL RECORDS AND BILLING

I. Overview

A. Importance of medical records
B. Duties of medical records clerk
C. Alpha and numeric filing rules

II. Medical File Documents

A. Patient information sheet
B. Patient Health questionnaire
C. Case histories, lab reports, etc.
D. Source and problem medical records

III. Insurance

A. Overview of health care system - public and private
B. Insurance handbooks for medical offices
C. Insurance form preparation
D. Coding systems
E. Completing insurance forms
F. Patient billing

MEDICAL TERMINOLOGY

Cycle 1

I. Introduction to anatomy and medical terminology

II. The Integumentary System

- A. Function and structure of the skin
- B. Common diseases in the Integumentary system

III. The Musculoskeletal System

- A. Major anatomical parts of the system
- B. Common diseases of the system
- C. Roots of medical terms

IV. The Respitory System

- A. The function and structure of the system
- B. Common diseases and symptoms
- C. Suffixes and prefixes of medical terms

V. The Digestive System

- A. Overview of the system
- B. Common diseases
- C. Diet and health

VI. General Review

- A. Review of systems and basic body structure
- B. Review of medical terminology structure

VII. The Cardiovascular System

- A. Function of the system
- B. Structure of the heart and its functions
- C. Medical terms
- D. Common diseases

Cycle 2

I. The Blood and Lymphatic System

A. Composition of blood plasma
B. Blood transfusions and types
C. Structure of the Lymphatic System
D. Common diseases

II. The Nervous System

A. Central nervous system
B. Peripheral nervous system
C. Nerves
D. Common disorders and lab tests
E. Introduction to mental health

III. The Special Sense System

A. Introduction to special sense organs
B. Common disorders

IV. The Urinary System

A. The structure of the system
B. The function of the kidney
C. Common diseases and clinical procedures

V. The Reproductive System

A. The male reproductive system
B. The female reproductive system
C. Common diseases

VI. The Endocrine System

A. The structure of the system
B. The function of various glands
C. Common diseases and symptoms

VII. Chinese Medicine/Natural Healing

A. Introduction to Chinese medicine
B. Introduction to natural healing
C. General Review

MEDICAL ASSISTING

Coordinated with chapters in Medical Terminology course.

I. Introduction to Medical Assisting

- A. Front and back office duties
- B. Medical Asepsis and infection control
- C. Universal safety precautions

II. Medical History and Physical Examination

- A. Taking patient history
- B. Taking vital signs
- C. Preparing patient for examination

III. AIDS precautions and prevention

- A. Introduction to AIDS
- B. Dispelling myths
- C. Safety precautions

IV. Physical Therapy

- A. Cold and heat treatments
- B. Basics of casting

V. Respiration

- A. Measuring patient's respiration
- B. Recording patient's respiration on charts

VI. Sterilization and disinfection

- A. Introduction to sterilization
- B. Physical agents used to control microorganisms
- C. Testing glucose in urine

VII. General Review

VII. Measuring heart rate

A. Taking radial pulse
B. Recording information on patient chart

VII. Measuring blood pressure

A. Taking blood pressure
B. Venipuncture

Cycle 2

I. Immunizations

A. Overview of immunization
B. Giving injections
C. Filling out patient charts
D. Explaining immunization schedule for children

II. Vision Care

A. Assessing color vision
B. Administering eye chart exams

III. Urinalysis

A. Types of test
B. Instructing patient on collecting urine specimen
C. Proper handling and packaging of urine specimens

IV. Gynecological Exams

A. Preparing the patient for the exam
B. Assisting the doctor in t he exam

V. General review

WORDPERFECT 6.0

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IV. MATERIALS DEVELOPMENT

CRDC's BVT instructors develop customized curriculum materials for many of the courses for which no materials appropriate for ESL students exist. Curricula was developed for the Patient Relations, Telephone Training and Medical Terminology and Medical Assisting courses using the vocational and literacy task analysis procedures described below. Instructors adapt commercial materials designed for native-English speakers for the other courses -- information on adapting commercial materials is provided in Section C of this chapter. This section will outline the procedures for developing customized, authentic curriculum materials.

Vocational task analyses are conducted to help vocational programs identify the job skills competencies needed to perform specific jobs. Task analysis is important to rectify the imbalance which exists between the skills and training businesses require of their workforce and the skills and training that are emphasized in schools and vocational training institutions. Task analysis enables vocational training programs to define the kinds of academic and special skills and abilities prospective workers need to find employment and succeed on the job.

A. KEY STEPS IN CONDUCTION VOCATIONAL TASK ANALYSIS

1. Gathering information

The first step in the task analysis is identifying the job skills for specific occupations. There are a variety of ways in which this information can be collected:

a. Interviewing employers and supervisors;

b. Collecting work documents, such as forms, work orders, manuals, job descriptions, safety information, training materials, etc.;

c. Observing and interviewing workers;

d. Performing the job oneself.

Which ever methods are employed in the task analysis, detailed observation notes should be taken. Taking the time to observe carefully, interview thoroughly, and write detailed notes is essential to gathering the job skill

information needed to training workers for the target jobs.

a. Interviewing employers and supervisors

Discussing job skills and requirements with employers and supervisors can provide a wealth of information regarding employer expectations of workers and the basic skills needed for the job and is essential to conducting workplace task analyses. Among the questions to be asked are:

1. Current or future changes that may affect the job
2. Minimum requirements for the job
3. Common errors and accidents on the job
4. Hiring criteria
5. Literacy and basic skills needed for the job.

b. Collecting Work Documents

Collecting copies of the work documents that workers use provides valuable insight into the literacy skills needed for employment in the target occupation and insight into the job duties as well. These documents should be studied carefully before observing workers to give the observer an overview of the job and to help focus questions.

c. Observing and Interviewing Health Care Workers

Although there are a number of different options to observe and interview workers on the job, because of the sensitive and confidential nature of much of the medical office worker/medical assistants work, the best observation method encompasses asking the health care worker to bring all forms and manuals and easily transportable measurement tools he or she uses on the job to an interview. The researcher should review these items, ask questions about the work tasks and then ask to observe the worker perform various tasks.

After each observation session (one may have to conduct four to five sessions), the researcher should move to a quiet area to ask the worker questions regarding the observation. After consulting with the worker, the researcher should then return to the workplace and watch the worker perform tasks a second

time. This second observation helps to clarify understanding of the task. As the researcher observes, she should ask questions about tasks that are not clear, and about other tasks that are not performed as routinely, and what kind of mistakes or accidents happen on the job. The researcher should also ask for any manuals, books, or forms related to the job.

2. Performing a Task Analysis

Once the data is collected, the next task is to analyze and organize the observation notes and distill the information. There are four main steps in the task analysis procedure:

a. Determining the major divisions or blocks of duties in the occupation;

b. Identifying and compiling a list of tasks to be learned within each major block;

c. Determining appropriate sequencing of tasks;

d. Detailing each task by listing steps for performing the task.

a. Major Divisions of Duties

The first step in the task analysis process is listing the major divisions or blocks of duties for the target occupation. The job descriptions, observation forms and work documents will provide the information you need to develop such a listing. A nursing assistant division of duties might look like this:

Admitting patients
Bedmaking
Personal patient care
Patient healthcare
Emergency care and procedures
Pre and postoperative care

b. Identifying and compiling Task Lists

Using the observation documents, a detailed list of tasks involved in each major job area should be compiled. Initially, all tasks should be included on the list. Using the above example, we can break down the tasks involved inpatient admittance as follows:

Admitting Patients

Measures temperatures
Measures pulse
Measures respirations
Measures blood pressure
Weighs patients
Measures height
Gives instructions on patient specimens
Takes care of patient's valuables
Transfers the patient
Fills in patient admission checklist
Orients patient to the room and hospital

In order to integrate the task analysis information into a course and curriculum, each task must be carefully documented. Generally documentation includes an itemized description of duties and then breaking them down into their component tasks. Task listings include the specific tasks to be performed, how often they are performed, and the level of difficulty and importance. As you can see from the sample form (Item 1), there are three columns to the right of the place where each task is listed. In the first column, headed "Frequency of Performance," one should indicate how often each task is performed using a recording scheme which fits the subject matter; for some occupations it is reasonable to write down the number of times a particular task is performed each day, each week, or maybe even each month. Whether you record the actual number of times a task is performed or whether you indicate if the task is performed frequently, once in a while or rarely, this information will become very useful in deciding how deep to go into the subject, how much practice to provide and how to sequence course lessons.

All tasks are not equal in the performance of a job. Tasks that are performed frequently may not represent a critical skill. Other tasks, although performed rarely, are vital to job performance. For example, a medical assistant may not sterilize instruments on a regular basis, but it is obviously critical to the health of the medical workers and medical patients that this task is performed efficiently and effectively. Finally, labeling each task regarding learning difficulty gives an indication of the length of time needed to teach each task. It also helps to narrow the focus of the curriculum. Item 1 on the following page provides an example of what a Task Listing Sheet might look like when completely filled out.

Item 1

TASK LISTING SHEET

Occupation: Medical Assistant
Task: Measuring Temperature

No	Task	Frequency of Performance	Importance	Learning Difficulty
1	Measures temperatures	Everyday	1	Moderate
2	Measures pulse	Everyday	1	Moderate
3.	Measures respirations	Frequently	1	Difficult
4.	Measures blood pressure	Everyday	1	Difficult
5.	Weighs patients	Everyday	1	Easy
6.	Measures height	Everyday	1	Easy
7.	Gives instructions on patient specimens	Once in a while	2	Easy
8	Takes care of patient's valuables	Once in a while	1	Easy
9.	Transfers the patient	Frequently	2	Easy
10.	Fills in patient admission checklist	Frequently	1	Moderate
11	Orients patient to the room and hospital	Frequently	2	Easy

c. Sequencing of Tasks

Once the tasks have been outlined and documented regarding frequency, importance and learning difficulty, it is necessary to organize the tasks into steps

in the process. This will become useful when planning and organizing the curriculum. Tasks should be listed on the Task Listing Sheet in order of occurrence.

d. Task Detailing

The next step in the process of task analysis is listing the steps involved in each of the tasks on the list in terms of what the person does when performing the step and what materials are needed. By knowing in detail what the job involves, it is less likely that essential items to teach will be left out of the course. The following is a sample of a Task Detailing Sheet.

TASK DETAILING SHEET

Occupation: X-ray Technician
Task: Take an X-ray of the chest

NO.	Steps in Performing Task	Materials Needed	Learning Difficulty
1.	Patient is asked to prepare for the X-ray by removing excess clothing.	Easy	
2.	Correctly position the patient, giving special instructions.	x-ray machine	Moderate
3.	Position and check the proper distance of the tube with respect to the patient.		Difficult
4.	Turn on the X-ray equipment and adjust machine.		Moderate
5.	Insert the X-ray film and ID film marker into the proper holder.		Easy
6.	Expose film and release patient from examining room.	film processing	Difficult
7.	process film.		Moderately Difficult
8.	Check film for specified positioning or developing errors.		Very Difficult

e. Curriculum Planning

Once all of the tasks have been defined, detailed and recorded, the instructor can plan the course and activities based on the amount of hours of instruction for each course. Course outlines should be reviewed by industry personnel to ensure that the objectives and competencies are in line with business needs. (See Section C for guidelines on creating curriculum materials using the task analysis.)

B. CONDUCTING LANGUAGE AND LITERACY AUDITS

A language and literacy audit is a method for identifying the language and literacy skills used by workers in the vocational classroom and on the job. It employs the techniques of job task analysis outlined above -- that is breaking a particular complex act or duty down into smaller units (tasks) in order to describe and analyze them. Language audits are used to identify the specific competencies the trainee must master to perform well in the vocational classroom and be competent on the job. The information gleaned from such analyses is then used to inform curriculum and course development. Language and literacy audits can be conducted at the workplace or in the vocational classroom.

1. Conducting Language and Literacy Audits at the Workplace

A Language and literacy audit analysis should be conducted during the early planning phases of a program, prior to developing the course objectives and curriculum. It is important to allow adequate time between completing the language and literacy audit and starting instruction to design curriculum, develop lesson plans and identify or create instructional materials. In instances where the program has already been implemented, language and literacy audits can be useful to update and revise the curriculum, making it more closely aligned to the job requirements. By completing language and literacy audits, BVT programs can:

* identify the specific reading, writing, speaking, listening and computation skills needed for each task;

* gather job-related materials to use as the basis for developing instructional materials;

* prepare instructional materials by using increasingly difficult simulations of job tasks, including the completion of documents and

forms used on the job.

The language audit provides the following information:

* the main components or duties of the job;

* the language and literacy tasks that comprise each of the job components, the grammatical structures, the language skills and cultural information;

* the communication skills needed to communicate about job duties and social interaction, negotiation and team building;

* the kinds of errors commonly made by employees and how they are handled;

* the adaptability skills required, such as problem solving and other critical thinking skills;

* the safety issues related to language and literacy skills.

The procedures on the following pages outline the key steps to be taken in performing a language and literacy audit. They are similar to the vocational task analysis mentioned above and include:

* interviewing vocational instructors, employers and workers;

* observing workers on the job;

* collecting documents, such as forms, tags, work orders, labels, manuals, job descriptions, safety information, and training materials;

* collecting ancillary written materials, such as benefit packages, employee manuals, policy manuals; and meeting with those observed and interviewing to check the accuracy of one's perceptions.

a. Documentation

Documenting information is similar to the methods discussed in the job task analysis section above. It includes writing itemized descriptions of duties and

breaking them down into component task. This information may be documented on task listings, which include the specific reading, writing, listening and speaking tasks performed, how often they are performed, and the materials needed for the task. Language tasks analyses document the language used in association with each task: the vocabulary, slang, common idioms, grammatical structures used and the cultural information necessary for the non-native English speaking trainee. As far as possible the task should be described in clear observable terms.

b. Procedures

Observers conducting the literacy audit at a given health facility will first obtain an overview of the site and the context of jobs to be studied. The amount of time spent collecting data will vary according to the complexity of the job and the duration of its component tasks. The procedures outlined in the pages that follow are adapted from a protocol developed for conducting research in job literacy requirements.

i. Determine the job areas to be studied and arrange to do an audit

a. Meet with health care providers to arrange for the audit

b. Prepare a survey to use with supervisors and employees which will solicit information on requirements and procedures for targeted jobs, current or future changes that may affect the jobs, etc.

c. Obtain copies of job descriptions, standard operating procedures, work forms, etc.

ii. Prior preparation for analysis

a. Read the job description(s) provided by the company and note any components of the job description indicating what literacy skills are required.

b. Make a composite list of those activities which appear to require literacy skills for entry-level jobs to be studied and jobs to which workers are promoted.

c. Use this list as a basis for the observation and discussions at the site(s) (Note: The job descriptions will provide an orientation to the job, but may understate or overstate the literacy skills required of the

job. It serves as a basis for questioning, not as a basis for describing the literacy skills required for the job.)

d. Read any materials about the site which may have been provided during the initial meeting.

iii. Initial site visit by analysts

a. Establish a relationship with the relevant supervisor(s);

b. Communicate the purpose and components of the literacy analysis;

c. Obtain supervisors' perspective of job, job requirements, and hiring criteria;

d. Schedule observations;

e. Establish relations and communicate details of analysis with union representative if appropriate;

f. Tour the site to get a sense of what to expect during observations concerning noise level, where to conduct interviews, safety factors, employee attitudes, etc.

iv. Second site visit

a. Place yourself in an unobtrusive locations.

b. Observe an experienced employee and document the job and literacy tasks.

c. Interview and observe a worker promoted from the entry-level position to obtain information on the skills required to perform the job. As you observe, ask questions about tasks not clear to you, especially when literacy tasks are involved.

* Ask about other tasks not done routinely.

* Ask where mistakes are usually made.

* Ask what kinds of accidents happen.

* Ask for any manuals, books, forms related to the job.

d. Obtain documents you observe workers using.

e. Transcribe your notes as soon as possible after the observation.

c. Documentation and Material Collection

Collect copies of all reading materials that workers being observed use during the observation or reading materials they report needing to use at other times. You may be able to take copies of forms or ask to photocopy those you can't take. Where neither option is appropriate or possible, photograph or write down the text of the forms. Make sure you collect copies of completed forms, such as medical intake documents, billing forms, and patient charts so you can see how they are used. Be sure to ask what the material is for and how the materials read/used on the job.

d. Documenting the Literacy Audit

Write a description of the language and literacy requirements of job tasks in relation to the use of such material as you observe them. Observation notes, rather than job descriptions, are the source basis for the following activities:

1. Summarize literacy-related tasks workers are required to perform and a description of additional literacy tasks required upon promotion. (Use format provided in Item 1) .

2. Reference reading materials where appropriate (Item .2).

3. Cite other materials to which a worker might need access in order to perform the job, such as personnel manuals, union materials, etc.

4. Analyze the language and cultural information noted during the observation and interview (Item 3 provides guidelines for making this analysis.)

e. Check the Accuracy of the Audit

Once you have completed the analysis, you should meet with all those observed and interviewed showing them the results of your analysis. Talk them through what you have written to be sure you have been accurate in your understandings. Modify the task analysis using feedback from the interviewees.

Item 1

Duty and Task Identification and Prioritization Worksheet

This format is used to list the primary duties that make up a particular job, and to specify the literacy tasks that make up each duty. The tasks are further broken down and analyzed in the subsequent Task Detail Worksheet which follows.

Name of Program Staff Member: _____

Job Being Analyzed: _____

Location: _____

Dates: _____

1. Duties: _____

_____

_____

Language/Literacy Tasks: _____

_____

_____

2. Duties: _____

_____

_____

Language/Literacy Tasks: _____

_____

_____

Sample

Duty and Task Identification and Priorities Worksheet

Name of Program Staff Member: Chris Shaw

Job Being Analyzed: Preparing patient for doctor's examination

Location: Dr. Shaw's Medical Clinic

Date: November 8, 1993

1. Duty: Measure oral temperature

Language/Literacy Tasks: Instruct patient in procedures. Read temperature and record on patient's intake chart.

2. Duty: Measure blood pressure

Language/Literacy Tasks: Instruct patient on procedures. Set up and read sphygmomanometer. Record blood pressure figures on patient's chart

Item 2

DOCUMENT SUMMARY FORM

Site:

Document:

Date:

DOCUMENT SUMMARY

1. Name and description of document:

2. Worker and job with which document is associated:

3. Brief summary on use of document:

    a. Purpose of using document:

    b. How as document used when worker was new to job?

    c. How is the document used now?

Sample

DOCUMENT SUMMARY FORM

Site: Dr. Shore Medical Office

Document: Office Responsibilities

Date: December 9, 1993

DOCUMENT SUMMARY

1. Name and description of document:

Back Office Responsibilities: Describes major job tasks and procedures for back office.

2. Worker and job with which document is associated:

Medical Assistant performing clinical assisting in back office.

3. Brief summary of contents:

Procedures for preparing examination rooms. Itemizes instruments and ancillary items used for a variety of examinations (pap smear, biopsies, endometrial, follow-up, etc.) Itemizes items for stocking room and setting up trays.

4.Worker(s) use of document:

a. Purpose of using document:

Reference document for stocking and maintaining examination rooms and trays, procedures in clinical assisting, and assistant responsibilities.

b. How is document used when worker was new to job?

New workers study the document and review it with trainer.

c. How is the document used now?
As a reference tool.

Item 3

Task Detailing Worksheet

Use this outline as an organizer for analyzing the language and literacy needs you have identified. On a separate page, list each vocabulary word, structure or skill next to the appropriate category.

Task-Related Language Needs

A. Vocabulary

1. Technical
2. Non-technical
3. Idioms

B. Language Functions

1. Report factual information
2. Ask clarifying questions
3. Seek factual information
4. Discuss problems
5. Others

C. Literacy Tasks

1. Fill out forms
2. Scan charts
3. Read directions
4. Other

D. Language Skills (Refer to vocabulary and language functions and literacy tasks; include specific competencies for each skill area.

1. Listening
2. Speaking
3. Reading
4 Writing

E. Cultural information (fill in notes regarding each of these)

1. Dressing for the job
2. Working hours
3. Gift-giving and -taking
4. Socializing at the work place

Sample

Task Detailing Worksheet

Task-Related Language Needs

A. Vocabulary

1. **Technical**: Sphygmomanometer, stethoscope, antiseptic, mercury apparatus, brachial pulse, calibration, systolic/diastolic pressure, hypertension, manometer.

2. **Non-technical**: Inflate, deflate, earplugs.

3. **Idioms**: Blood pressure cuff, stethoscope bell, turn clockwise.

B. Language Functions

1. Report factual information :

One of our patient needs 500 mm xxx
This is Dr. Segar's office. We're located at ...
Mrs. Jones has pain in her left shoulder.
Maria's temperature is 101.

2. Ask clarifying questions

How long did you say you have had this pain?
Where do you want these instruments?
Did you say...?
I'm sorry, I didn't catch that.

3. Seek factual information

When did you fall own?
How long have you had this pain?

4. Discuss problems

The pharmacy is closed and Mr. Lu needs his medication.

What do you want me to do?
What should we do?
Should we...

5. Others

Giving Directions to Patients

We are going to give you an eye test now.
Please take off your shoes and stand on the scale.
Please take off your clothes and put this on.
Leave the opening in the front.

C. Literacy Tasks

1. **Fill out forms**: Patient intake chart, insurance forms, supply orders forms

2. **Scan charts**: Growth chart, patient demographics, insurance billing charts

3. **Read directions**: Instructions on operating equipment, instructions for taking samples (urine, blood), back office responsibilities document

4. **Other**: Employee manuals, health insurance forms

D. Language Skills (Refer to vocabulary and language functions and literacy tasks; include specific competencies for each skill area.

1. Listening: Following oral instructions from doctor; listening to patient health complaints

2. Speaking: Asking questions of doctor, patients, pharmacy, insurance representatives, etc.; giving directions to patients; making small talk with patients.

3. Reading: Charts, instructions, manuals

4. Writing: Filling in charts, patient intake forms, etc.
Scheduling appointments

E. Cultural information (fill in notes regarding each of these)

1. **Dressing for the job**: Uniforms, nursing shoes, hair tied back, etc.

2. **Working hours**: Monday through Friday, 8 a.m. to 5 p.m., some holidays.

3. **Gift-giving and-taking**: Gift collections for birthdays, weddings, baby showers. Kris Kringle exchange on Christmas.

2. Conducting Language/Literacy Task Analysis in Vocational Classrooms

Supplementary VESL instruction provides ideal conditions or language and skill learning to take place and is the desirable option for many programs. Instructors planning such instruction need to conduct language and literacy task analysis in the vocational classroom to determine curriculum content. Gathering this information is similar to gathering information in the workplace. Instructors:

a. Collect instructional materials from the vocational instructor, such as text books, course outlines, sample tests, maps, graphs, tables, reference materials need by students, handouts, audio/visual materials, and instruments used in the classroom, etc.;

b. Attend the content course lectures, take notes and identify the following:

   1. the organization of course materials and lectures;
   2. specific content area technical and sub-technical vocabulary;
   3. the content area instructor's delivery style and degree and type of idiomatic usage;

c. Record verbal ("Now," "First,") and non-verbal discourse markers (gestures, movements position, expression);

d. Note modes of instruction (overhead, chalkboard, videotape, lecture, group work);

e. Identify potential problem areas for non-native speakers.

The VESL instructor should then review the materials and observation notes in order to identify targeted content knowledge, learning strategies, and language skills that the content area instructor expects the students to master. See Items 4 and 5 for forms to organize sample skill areas and content area themes. These lists are then used to develop and plan curriculum and activities for the VESL class.

ITEM 4

READING *(text, references, glossary definitions, multiple choice tests, maps in text)*

Required Skills	Related Activities
skimming for main idea	analyze text passages
scanning for specific information	analyze text/references
guessing meanings from context	select synonyms
word forms and families	complete word form chart key affix meanings
multiple choice test format	do practice tests

WRITING *(multiple choice answers, short definitions, notes, essay tests, papers)*

Required Skills	Related Activities
essay writing -organization -content -sentence structure -vocabulary	analyze/write/rewrite
multiple choice test format	circle /fill in letter
notetaking/outline format	listen to tape, outline
summarizing from notes	practice notetaking from reference books &condensing into short definitions

ITEM 5

LISTENING *(lectures, videotapes, audiotapes)*

Required Skills	Related Activities
listening for specific information	listen for names/dates
listening/watching for organizational clues	view videotape, identify, discuss patterns

SPEAKING

Required Skills	Related Activities
asking questions	review vocabulary role play

C. INTEGRATION AND CURRICULUM DESIGN

1. Performance Objectives

The purpose of the task and language analyses is to plan and design effective and appropriate curricula. The term curriculum may be interpreted narrowly to mean the instructional materials used, or very broadly to include many aspects of program development, such as program goals, student recruitment and evaluation and staffing. For our purposes, we will define curriculum as:

> The plan for deciding on, developing and delivering the instructional component of the program and the result of that plan. This includes the setting of instructional goals and objectives, developing and sequencing content topics, deciding on teaching approaches and methods, planning lessons to meet objectives, using the desired content and at the appropriate level(s) for students.

The curriculum is developed by taking the job content and competencies from the literacy and language audits and the job task analysis. The process consists of stating tasks in behavioral terms to determine performance objectives. The course objectives consist of many statements, items or examples as are necessary to describe the desired behavior of the student at the time she leaves the course.

Performance objectives differ from task analysis in several ways. The task analysis describes the job as it is performed by a highly skilled person. Objectives describe the kind of performance that will be expected at the end of the course. For example: While a highly skilled person may be able to prepare a particular medical tray in two or three minutes without using any job aids to remind him of the steps, it might be unrealistic to expect a course graduate to perform that well on the day of graduation. It might be more realistic to expect the new graduate to be able to perform the task without the use of job aids in ten of fifteen minutes. If he can perform all of the steps of the job, and if he can determine when the job is properly performed, then practice on the job will improve his proficiency.

The task analysis describes all of the steps carried out in the performance of the job, whether or not the student knows how to perform some of these steps as he enters that course. The objectives of the course differ from the task analysis in that they do not include those things that the student already knows.

In preparing performance objectives, instructors must:

* Develop statements that describe the target performance which will demonstrate skill in each task;

* State the conditions under which the behaviors or performance are to occur;

* Describe the level of acceptable performance of the task; that is, the criterion for performance.

The objectives, derived from competencies identified through the language/literacy and job task analyses, will relate to one of more of the following:

* Performance of actual job tasks, e.g., to operate an x-ray machine.

* Language and literacy of the job and the workplace, e.g., to read and understand instructions on how to operate an x-ray machine.

* General oral and written English language structures, e.g., to understand the command form of verbs orally and in writing for operation and safety procedures.

Specific performance objectives indicate corresponding instructional content and suggest appropriate learning activities, as well as particular means for student and program evaluation. With these specific goals and objectives, appropriate student tests and assessments can be designed to measure what was learned and how well it was delivered .

Performance objective statements describe what a student should be able to do after completing a lesson or series of lessons. These objectives represent a clear statement of instructional intent, and are written in any form necessary to clarify that intent. These statements will have the following characteristics:

* An objective says something about the student. It does not describe the textbook, the instructor, or the kinds of classroom experience to which the student will be exposed.

* An objective talks about the behavior or performance of students. It does not describe the performance of the teacher, nor does it

describe what the student is expected to know or understand. Though you might begin an objective with a general statement, such as "The student is expected to know or understand..." you would go on to explain what you mean by understanding by describing what the student is expected to do to demonstrate your definition of understanding. In some cases, the student maybe expected to answer questions, to solve some problems, to describe or even demonstrate a procedure.

* An objective is about ends rather than means. It describes a product rather than a process. As such, it describes what the student is expected to be like at the end of instruction rather than the means that will be used to get him there.

* An objective describes the conditions under which the student will be performing his terminal behavior. In some cases the student will be expected to perform in the absence of any assistance provided by job aids; in some cases, such aids are acceptable. For example, sometimes the student may be expected to solve problems with the use of a slide rule or calculator, and sometimes without these items.

* An instructional objective also includes information about the level of performance that will be considered acceptable. If a student will be expected to perform a task within five minutes at the end of the course, this will be stated as part of the objective. If his performance at the end of the course is expected by be error-free or if some errors will be tolerated, this would be indicated.

Detailed performance objectives tell the students exactly what they will learn and how and under what conditions their learning will be checked. Performance objectives should correspond to language, literacy and job competencies identified during job language and literacy audits and task analyses.

Below are some examples of a variety of objectives. Notice that each is relatively specific and deals with either a single task or with steps within a task. Each tells what the student will be doing when she is demonstrating that she has achieved the objective, and that each says something about what will be considered as acceptable performance.

Example 1

Objective: To explain a malfunction of an x-ray machine to a maintenance worker.

Statement: In the context of the classroom, to explain orally to the instructor the type of malfunction and to answer direct questions about it after being given a simulation corresponding to a particular malfunction. The information should tell the instructor (maintenance worker) the type, location and severity of the malfunction and how it effects the products. All information must be correct and understood by the instructor for a 100% rating.

Example 2

Objective: Identify correct procedure for measuring temperature, pulse, respiration and blood pressure.

Statement: Student will demonstrate knowledge of procedure for measuring a patient's vital signs by directly measuring a fellow student's vital signs. Students will demonstrate knowledge of vocabulary and common abbreviations associated with this medical practice by recording the information on a patient intake chart.

2. Coordination

Before developing the curriculum content relating to performance objectives, the instructors need to decide which objective should be addressed with vocational or job training and which are more appropriate for the language skills classroom. Some objectives will be best addressed if covered in one or the other and some might be covered in both. Because of the inherent connection between the physical job tasks and the related language and literacy needed to perform them, the vocational and ESL instructors closely coordinate curricula.

3. Language/Literacy Curricula

Once the goals and specific objectives to be addressed have been developed, the instructor needs to determine the language and literacy structures and vocabulary that need to be taught to facilitate the meeting of these objectives. The language and literacy structures and vocabulary will be one or more of the following:

* Vocation/job specific

* Workplace oriented

* General oral and written language

To determine the language and literacy structures and vocabulary needed to address specific objectives, refer to the language/literacy task analysis. Under each task, determine the need for language functions, literacy tasks, language skills, vocabulary, and grammar structures. The information can be recorded on a matrix such as the one below:

Objective: Identify correct procedure for measuring temperature, pulse, respiration and blood pressure.

Statement: Student will demonstrate knowledge of procedure for measuring a patient's vital signs by directly measuring a fellow student's vital signs. Students will demonstrate knowledge of vocabulary and common abbreviations associated with this medical practice by recording the information on a patient intake chart.

CURRICULUM PLAN			
Language Functions	**Literacy Tasks**	**Vocabulary**	**Grammar**
Giving instructions Asking questions Explaining procedure	Reading the thermometer Reading patients chart Writing information on patient's chart	Equipment Abbreviations Polite questions Forms of address	Imperatives WH questions

First the instructor lists the particular language functions and literacy tasks (what someone needs to do or accomplish with language and literacy use), sentence and questions forms, grammar structures and verb tenses, and vocabulary items needed. Then she considers what the students already know (e.g. number, simple present tense) what may need to be reviewed (e.g. past tense, Wh questions) and what will be needed to be presented (giving instructions, imperatives). With this information the instructor is ready to plan a series of lessons to help student meet the stated objective.

In planning a series of lessons to meet a specific objective, the instructor may not want to include all the sentence, question, grammar forms and

vocabulary items that have been identified, but may want to concentrate on key structures and terms that relate to particular sub-objectives and lesson concepts. When developing a series of sequenced lessons, the instructor should consider the following:

a. the process of action, language and literacy that occurs when meeting the objective;

b. Dividing the main objective into sub-objectives which relate to steps or parts of the process and which may be objectives for individual lessons;

c. Introducing simple and/oral structures first;

d. Building on what the students already know through review, practice, integration;

e. Not making assumptions of what students already know.

The following is an example of how these principles are applied to identifying objective and sub-objectives for each lesson:

Objective: Trainees will be able to resolve a patients' question about a possible error in her bill.

Sub-objectives: Trainees will be able

1. Carry on a question/answer dialogue with a patient to ascertain what the mistake is.

2. Read, understand and check a billing item, names, descriptions, prices, etc. to correct the mistake.

3. Rewrite the bill and explain the corrections to the patient.

Curriculum Plan			
Language Functions	**Literacy Tasks**	**Vocabulary**	**Grammar**
Sub-objective #1			
*Apologizing *Requesting info. *Asking for clarification	* Reading and understanding referred to mistakes	*Billing items *Abbreviations	*Polite questions *Forms of address *Pronouns *WH questions *Negative contractions
Sub-objective #2			
	* Reading and understanding health bills * Scanning bill to find needed information	*Billing items and descriptions * Prices	* Phrases * Adjectives
Sub-Objective #3			
*Explaining bill corrections *Recounting process of corrections	* Completing bills * Totalling bill * Writing and processing credit card charges/checks.	*Listing terms (first, then, next)	*Simple present tense

D. ADAPTING VOCATIONAL MATERIALS FOR NON-NATIVE ENGLISH SPEAKING STUDENTS

Most programs use existing materials readily available on the market for instruction in vocational programs. Non-native English speaking students, because of language and cultural barriers, often cannot benefit from textbooks and materials written for native English speakers. Programs which serve non-native English speaking students, therefore, should adopt methods for adapting existing materials to address the particular needs, levels, contexts, and goals of a program or class. Following are guidelines for adapting materials.

1. MODIFYING TEXT

a. Reduce grammatical complexity

   i. Use short, simple sentences
   ii. Use simple verb constructions
   iii. Change passive forms to active
   iv. Repeat nouns instead of using pronouns

b. Simplify vocabulary

c. Standardize vocabulary (only one term for each object or concept)

d. Avoid slang and idioms

e. Use up-to-date terminology

f. Redesign format

   i. Numbered lists for procedures
   ii. Break up long complex sentences into several short simple ones
   iii. Break up long dense paragraphs into shorter ones
   iv. Highlight or underline key points and terms
   v. Omit unnecessary details

e. Build redundancy into text to emphasize key words and concepts

f. Add lots of visual aids

g. Change format/print style to increase visual clarity

h. Include practice exercises

I. Present information in most logical order

2. SUPPLEMENTAL MATERIALS

Often it is not practical for an instructor to adapt vocational materials themselves if there are only a few non-native English speaking students in the classroom. In fact, studies have shown that both non-native and native speakers benefit from the development of supplementary materials, such as:

a. Brief explanations of key concepts

b. Brief summaries

c. List of key vocabulary and definitions

d. Examples which students can understand

e. Study guides

f. Outlines

g. Visuals-- drawings, diagrams, charts, etc.

The following pages provide practice exercises for adapting commercial texts.

Practice Sheet

STRATEGIES FOR MODIFYING TEXT

1. USE SHORT, SIMPLE SENTENCES

Original: Examining a system includes checking for and repairing leaks, which left undetected can cause problems in the future.

Adapted: Also, check for leaks.
Repair leaks immediately.
Unrepaired leaks can cause problems in the future.

Original: To ensure that both sections are even, stand behind the patron, grab the hair, and pulling it up, cut straight across.

Adapted: _____

_____

_____

2. USE SIMPLE VERB CONSTRUCTIONS

Original: Low temperature may have been the reason for the leak.

Adapted: Low temperature was the possible reason for the leak.

Original: This could be expected to reoccur.

Adapted: _____

_____

_____

* Adapted from Jeanne Lopez-Valadez, Capacity Building for States

3. AVOID PASSIVE CONSTRUCTIONS (Use imperative -- commands --for procedures.)

Original: ... filters must be replaced.
... this is done by turning

Adapted: Replace the filter
Turn the ...

Original: The fuel mixture is ignited by the spark plugs.
Fine hair can be damaged by strong toners.

Adapted: _____

_____

4. ADD NOUNS WHERE THEY ARE IMPLIED OR HAVE BEEN REPLACED BY PRONOUNS

Original: Provide some lubrication and tighten with a wrench.

Adapted: Put some oil on the bolts.
Tighten the nuts with a wrench.

Original: Don't add it to quickly or lumps will appear; they can ruin the dough.

Adapted: _____

_____

5. SIMPLIFY VOCABULARY

Original	**Adapted**
denote	show
displace	move
rectify	_____
communicate	_____
facilitate	_____

6. STANDARDIZE VOCABULARY

Original: dry wall
sheet rock
plasterboard

(All used in same paragraph)

Adapted: Choose <u>one</u> expression and use it consistently

7. AVOID SLANG AND IDIOMS

Original: use elbow grease
chalk it up to

Adapted: _____

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V. INSTRUCTION

A. BILINGUAL INSTRUCTION

Bilingual Vocational Training programs are based on the premise that native language instruction facilitates the mastery of content and maximizes the learning potential of adults in both skill area and language acquisition. Although English is the primary language of instruction in BVT programs, bilingual techniques are used to augment and support vocational skill and ESL instruction. Instructors and teacher's aids use students' native languages primarily to clarify instruction, such as explaining abstract concepts, safety rules, procedures, and cultural information.

It is critical, for example, that students training for jobs as medical assistants, understand the procedures for handling patient specimens given the very real danger of contracting life-threatening, communicable diseases. Those training for technical jobs, which may include the use of dangerous machinery, must be aware of the safety precautions necessary for such jobs. Given the critical nature of such information, native language instruction is crucial to ensuring the health and safety of trainees.

BVT programs provide fertile ground for language acquisition as well because language learning is connected to meaningful, purposeful and social contexts. Language structures and functions are typically recycled and reinforced throughout the curriculum allowing for rapid language development. Bilingual instruction also plays an important role in ESL classes. Discussions in students' native languages serve to clarify important cultural information and other abstract concepts, reduce student anxiety, build rapport among teachers and peers, and establish trust and respect.

Native language instruction can be delivered by bilingual instructors, instructional aids, peer tutors, volunteers and bilingual materials and is helpful in the following situations:

1. Social and instructional protocol

Using trainees' native language(s) for greetings, partings, positive reinforcement, simple social questions, etc. can help the instructor develop a positive rapport with trainees. Using the native language(s) in these ways can show the instructor's interest and respect for the trainees and their languages and cultures.

2. Complex concepts, terms or procedures

Particularly when introducing new concepts, oral translations or native language summaries will ensure comprehension and reinforce English presentation. These are particularly important when dealing with issues of safety, new complex concepts and procedures, common workplace signs and information.

3. Written Materials

It is neither necessary nor desirable to provide direct, line by line translations of English materials because: a) line by line literal translations are often difficult due of the frequent lack of corresponding vocabulary; b) people generally attend to the language they know best in such situations and don't pay much attention to the second language; and c) much of the technical vocabulary should be learned in English since students will need to be able to use these terms to communicate in English. The focus of bilingual written materials should be on the following:

a. Headings, subheadings
b. Introductions
c. Key sentences, main ideas
d. Safety warnings and procedures
e. Notes and summaries in translator's own words
f. NOT technical vocabulary, unless the information is explanatory

B. COORDINATION BETWEEN VOCATIONAL ESL AND VOCATIONAL INSTRUCTORS

Collaboration between vocational and ESL instructors is essential to the success of BVT programs. Research has shown that LEP students learn English language skills at a quicker pace when instruction is content-based -- that is when the focus of instruction is on the message rather than the form. Constant recycling of vocational vocabulary, structures, and functions in vocational and ESL classes leads to mastery of both vocational skill and language when the materials are of high interest, relevant and meaningful. Collaboration benefits ESL and vocational instructors in a variety of ways.

ESL instructors benefit from collaboration by:

* Visiting vocational classes to observe the functional context of language use, vocabulary, and structures to be used in developing appropriate VESL materials. The instructor should take notes on the content of lecture, notice signs and posters on the walls and equipments around the room. Identify the vocabulary (materials, equipment and tool names) and verb phrases (what is done with the materials, equipment, tools) as the vocational instructor or students demonstrate.

* Discussing vocational materials and analyzing texts for language, literacy, and vocabulary and adaptation of vocational materials for the VESL classroom.

* Reviewing and discussing upcoming and past lessons, and identifying possible problem areas.

* Sharing outlines and lesson plans and discussing ways to mutually reinforce the vocational materials.

* Obtaining resource materials, including inventories, safety regulations, tasks listings, instruction sheets, course outlines, texts, manuals, task detailing lists. audio visual aids, manufacturer's literature, etc.

* Developing understanding of the culture of the workplace and of cross cultural issues that may arise in the workplace context.

* Discussing course requirements, tools, and skills neèded to succeed in the vocational classroom.

* Sharing teaching strategies.

* Learning about behavioral expectations in the vocational class.

Vocational Instructors benefit from collaboration by:

* Learning about the process of second language acquisition

* Developing awareness of the cultural, educational and social

backgrounds foreign-born students

* Learning about instructional strategies and materials that are effective with foreign-born students

* Adapting teaching and presentation styles to be more comprehensible to non-native English speaking students

STEPS IN COLLABORATING

It is the role of the ESL instructor to identify the communication needs and the corresponding language that the students must have in order to be able to communicate. The ESL instructor schedules VESL instruction based on the sequence in which these communicative messages will be needed in the vocational education class. Therefore, collaboration with the vocational instructor is essential. The steps are as follows.

1. Meet with the vocational instructor at least once a week.

a. Review and discuss upcoming and past lessons. Identify possible problem areas.

b. Share outlines and lesson plans for future VESL lessons.

c. Discuss ways to mutually reinforce the vocational materials.

d. Discuss student problems.

e. Obtain resource materials, including:

Inventories	**Manuals**
Safety Regulations	Task-detailing lists
Task listings	Audio-visual aids
Instruction sheets	Actual objects
Texts	Manufacturer's literature

and identify the key vocabulary and grammatical structures used in each resource.

2. Audit vocational classes.

a. Take notes on content.

b. Identify student's problem areas

c. Determine what causes the problem.

d. Make note of the signs and posters on the walls. Ask which are important.

e. Take note of the equipment around the room and what the students do with the equipment. Identify the vocabulary (materials, equipment and tool names) and verb phrases (what is done with the materials, equipment, and tools) as the vocational instructor or students' demonstrate.

3. Read the text.

Pay special attention to: key terms, headings chapter outlines, summaries, and comprehensive exercises (If these do not exist, you may wish to prepare them.) Become familiar with the language of the text (the vocabulary and most frequently used grammar forms).

4. Visit work sites

a. Take notes regarding language used on the job.

b. Interview workers and supervisors about language needs.

5. Talk to the job developer or placement specialist in the vocational school regarding: the training competencies and language students will need on the job.

Handout 4

Sample Planning Sheet

VOCATIONAL OBJECTIVE: The learner will: Assemble, light, adjust, extinguish and disassemble an oxyacetylene cutting torch following safe, correctly sequenced steps.

VOCATIONAL	ESL RELATED	MATERIALS AND STRATEGIES	
		VOCATIONAL	ESL
TASK ANALYSIS 1. Put on protective clothing. 2. Visually inspect equipment for damage, cleanliness, etc. 3. Attach regulator, hoses, and cutting head to gas cylinders. 4. Check to be sure that all valves are closed. 5. Slowly open acetylene cylinder valve one quarter turn. 6. Adjust pressure to 5 PSI. 7. Slowly open oxygen valve to point where pressure stops rising, and then quickly open the valve all the way. 8. Check for leaks at all connections. (ETC.)	**Structures:** Imperative Adverb - verb Compounds - word and clause Prepositional phrase: for _____ to _____ at _____ Wh- **Vocabulary:** Clothing Welding equipment Idioms, special phrases: put on to be sure Study guide - language of the process in task	**Materials:** 1. Trainee handout listing steps to be followed. 2. Protective clothing. 3. Oxyacetylene welding units with cutting heads. 4. Filmstrip: Use of a cutting torch. **Strategies:** 1. Review steps with trainees to ensure understanding of terms and concepts. 2. Demonstrate steps and have some trainees follow oral instructions 3. Trainee practice. 4. Evaluation of each trainee.	Use film strip-- Verbalize on action in each frame. Questions and answers. Ask vocational instructor for pictures of: Protective clothing. Parts of cutting torch and other equipment.
EVALUATION Trainee performance of task.	**EVALUATION** Trainee recites the 8 steps of the task.	**EVALUATION**	

*Developed by Mary M. Galvan, Austin, Texas

Blank Planning Sheet

TASK: OCCUPATION:

VOCATIONAL	ESL	VOCATIONAL	ESL
TASK STEPS:	VOCABULARY:	MATERIALS:	MATERIALS:
	GRAMMATICAL STRUCTURES:	TEACHING STRATEGIES:	TEACHING STRATEGIES:
SAFETY PRECAUTIONS:		EVALUATION METHOD:	EVALUATION METHODS:

C. TIPS ON WORKING WITH NON-NATIVE ENGLISH SPEAKING STUDENTS

Non-native English speaking students often have difficulty communicating with instructors because of cultural and linguistic barriers. Following are some general suggestions to keep in mind when working with foreign-born students.

1. DON'T

* Talk louder in the hope of being better understood. If the student didn't understand you the first time, raising your voice a decibel or two won't help. Instead, rephrase your question, using different vocabulary to convey your meaning.

* Ask "Do you understand?" Many foreign-born students, to save face, will simply answer "yes." It is more effective to check comprehension by asking questions which require more than a yes/no answer, such as when, why, and what questions. You can also ask students to demonstrate comprehension by performing tasks or repeating the information back to you.

* Use slang or idioms. These are very difficult for non-native speakers to understand. If you do use slang expressions, be sure to offer another word of phrase immediately following it. For example, rather than saying "I didn't catch that." say, "Please repeat that."

* Repeat the same statement several times. Instead, rephrase the statement in several ways.

* Speak "pidgin English" or "baby talk", such as "You go office." Speaking in this manner is degrading and insulting.

* Speak with exaggerated slowness or unnatural pauses between words. Instead, speak clearly and pause at normal phrase endings, giving non-native speakers time to process (or translate) what you have said and formulate a response.

2. DO

* Pause longer than normal after asking for questions. Many non-native English speaking students come from cultures which have a longer silent period than North Americans. These students need this

time to process the questions and formulate their questions.

* Use a lot of visual aids, such as handouts, transparencies, charts, graphs, the chalkboard, etc. Write down technical terms or long or unusual words on the chalkboard as you speak.

* Provide outlines or lists reflecting the organization of lectures.

* Encourage students to tape record your lectures so that they can listen to the material again at home.

* Videotape one of your lectures early in the semester and make it available to students. This gives students a chance to become familiar with your delivery, style, pronunciation and speech patterns at their own pace.

* Provide lots of samples and models for your students so that they know what you expect of them. Provide model tests, test questions, homework assignments, workbook exercises and model term papers.

* If you cannot understand a question or response, ask the student to write it down on paper and read it to you. Don't embarrass the student by saying, "I can't understand you." or repeatedly asking "Pardon me????" Soften the remark with a phrase such as, "I'm having trouble understanding your question; could you write it down on paper for me?"

* Have students work in small groups to formulate questions for you. Many students, not just foreign-born students, feel more comfortable speaking in small groups.

D. COOPERATIVE LEARNING

Cooperative learning is a teaching methodology which has been widely and successfully used with both children and adults. Cooperative learning puts the learner in the center of the learning process. It equips the learner with whatever she or he needs to be a functioning member and then assigns tasks to the group that are both engaging and meaningful.

Cooperative learning involves small groups of two to six learners in tasks

that require cooperation and positive interdependence among individuals of each group. Students aid their peers in completing learning tasks and are regarded for rendering that aid.

The purpose of cooperative learning is to provide opportunities for learners to take more control, show more initiative, and to learn to work democratically and cooperatively. The teacher is the guide, planner, observer and the informant who gives structure to the learning process. Cooperative learning activities result in learners becoming more confident and self-disciplined and allows them to blossom into independent thinkers. Small group work enables non-native speakers to formulate questions and responses and prepare to speak in class. Group work can also help the instructor create a stronger bond with students, as she roams around the room and makes individual contact with students.

1. Tips for small group discussions:

* Assign each student a number. This helps students get started and keeps the ball rolling (#1 must start the discussions, #2 must then speak, etc.). When debriefing with the class, pick a number at random and ask that person to report back to the class (that way everyone knows they have to be clear on what their group is doing in case they get called upon).

* For test review, have students work in groups to generate review questions for the class. Then groups take turns asking and responding to questions.

* To check homework comprehension or review for a test, ask the groups to take notes on four to ten quick questions that you ask aloud. Then have the students answer the questions on group answer sheets, on the board or on a transparency. The group with the most correct answers wins (candy, bonus points, leave early...)

* Have students work in groups to check homework assignments. Each week a different group writes the answers on the board and the class checks together.

* Students discuss, compile, or define vocabulary from the text.

* Each student in the group is given a unique section of a lesson or topic. After reading the sections, students meet in "expert" groups with the counter-parts from other groups to discuss their sections. The students

then return to their original groups and teach the others about their lessons.

2. Common elements of cooperative learning groups:

Cooperative learning groups and activities are most effective when the following principles are adhered to:

a. Heterogeneous groups, mixed backgrounds and abilities

b. Positive interdependence, working toward a common goal.

c. Individual accountability, each student masters the material.

d. Cooperative skills, interpersonal skills for successful interaction.

Sample activity

COOPERATIVE LEARNING

Handout 1: This is a sample health insurance claim form used in a medical coding and billing course. Medical office workers must complete this form to bill insurance companies for costs incurred. In an actual classroom situation the instructor may go over the parts of the insurance form before students begin the activity.

Handouts 2 through 5: The instructor puts students into group of four. Each student receives one sheet of information. The students need the information from all four sheets in order to fill out the health insurance form correctly. Each student studies his/her sheet in order to communicate the information the group needs to fill out the insurance form.

Handout 6: Each student then receives the health insurance form (F6). Together they fill out the form, sharing information and helping each other.

Handout 1

PLEASE DO NOT STAPLE IN THIS AREA

[redacted]

FORM APPROVED OMB NO. 0938-0008

HEALTH INSURANCE CLAIM FORM

(CHECK APPLICABLE PROGRAM BLOCK BELOW) Minnesota Mutual Insurance

☐ MEDICARE (MEDICARE NO.) ☐ MEDICAID (MEDICAID NO.) ☐ CHAMPUS (SPONSOR'S SS#) ☐ CHAMPVA (VA FILE NO.) ☐ FECA BLK LUNG (SS#) ☒ OTHER (CERTIFICATE SS#)

PATIENT AND INSURED (SUBSCRIBER) INFORMATION

1. PATIENT'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL): Ferraro, Sara E.

2. PATIENT'S DATE OF BIRTH: 09 | 13 | 60

3. INSURED'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL): Same as Item 1

4. PATIENT'S ADDRESS (STREET, CITY, STATE, ZIP CODE): 235 Marshall, Minneapolis, MN 55025-3962

TELEPHONE NO: (612) 555-3331

5. PATIENT'S SEX: MALE ☐ ☒ FEMALE

6. INSURED'S ID NO (FOR PROGRAM CHECKED ABOVE, INCLUDE ALL LETTERS): M613807816

7. PATIENT'S RELATIONSHIP TO INSURED: SELF ☒ SPOUSE ☐ CHILD ☐ OTHER ☐

8. INSURED'S GROUP NO (OR GROUP NAME OR FECA CLAIM NO.): ☐ INSURED IS EMPLOYED AND COVERED BY EMPLOYER HEALTH PLAN

9. OTHER HEALTH INSURANCE COVERAGE (ENTER NAME OR POLICYHOLDER AND PLAN NAME AND ADDRESS AND POLICY OR MEDICAL ASSISTANCE NUMBER): NA

10. WAS CONDITION RELATED TO:
A. PATIENT'S EMPLOYMENT: YES ☐ ☒ NO
B. ACCIDENT: AUTO ☐ OTHER ☐

11. INSURED'S ADDRESS (STREET, CITY, STATE, ZIP CODE): Same as Item 4

TELEPHONE NO

11a. CHAMPUS SPONSOR'S STATUS: ☐ ACTIVE DUTY ☐ RETIRED ☐ DECEASED — BRANCH OF SERVICE

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (READ BACK BEFORE SIGNING): I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THIS CLAIM. I ALSO REQUEST PAYMENT OF GOVERNMENT BENEFITS EITHER TO MYSELF OR TO THE PARTY WHO ACCEPTS ASSIGNMENT BELOW.
SIGNED Sara E. Ferraro DATE 10/3/--

13. I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO UNDERSIGNED PHYSICIAN OR SUPPLIER FOR SERVICE DESCRIBED BELOW
Sara E. Ferraro
SIGNED (INSURED OR AUTHORIZED PERSON)

PHYSICIAN OR SUPPLIER INFORMATION

14. DATE OF: 08/16/-- ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP)

15. DATE FIRST CONSULTED YOU FOR THIS CONDITION: 09/11/--

16. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS OR INJURY, GIVE DATES: NA

16a. IF EMERGENCY CHECK HERE ☐

17. DATE PATIENT ABLE TO RETURN TO WORK: NA

18. DATES OF TOTAL DISABILITY: FROM NA THROUGH

DATES OF PARTIAL DISABILITY: FROM NA THROUGH

19. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE (e.g., PUBLIC HEALTH AGENCY): Walter B. Snead, M.D.

20. FOR SERVICES RELATED TO HOSPITALIZATION GIVE HOSPITALIZATION DATES: ADMITTED 09/11/-- DISCHARGED 09/16/--

21. NAME & ADDRESS OF FACILITY WHERE SERVICES RENDERED (IF OTHER THAN HOME OR OFFICE): Community Hospital, Maryland at Duluth, St. Paul, MN 55119-8123

22. WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE? YES ☐ ☒ NO CHARGES

23. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. RELATE DIAGNOSIS TO PROCEDURE IN COLUMN D BY REFERENCE NUMBERS 1, 2, 3, ETC. OR ID CODE →
1. Rectal polyps 569.0
2. Internal 455.0 and
3. External hemorrhoids 455.5
4.

EPSDT YES ☐ ☐ NO
FAMILY PLANNING YES ☐ ☐ NO
PRIOR AUTHORIZATION NO

24. A DATE OF SERVICE FROM	TO	B PLACE OF SERVICE	C FULLY DESCRIBE PROCEDURES, MEDICAL SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN: PROCEDURE CODE (IDENTIFY)	(EXPLAIN UNUSUAL SERVICES OR CIRCUMSTANCES)	D DIAGNOSIS CODE	E CHARGES	F DAYS OR UNITS	G* TOS	H LEAVE BLANK
09/11/--		IH	90610	Consultation (Extensive)	2, 3	60 00			
		IH	45315	Proctosigmoidoscopy with polypectomies(2) benign					
				rectal polyps 1 cm x 1/2 cm. 4.3 gm	1	75 00			
09/12/--		IH	46255-52	Hemorrhoidectomy, simple (int. and ext.)	2, 3	425 00			

25. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING DEGREES OR CREDENTIALS) (I CERTIFY THAT THE STATEMENTS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART THEREOF)
Edward A. DuBois, M.D.
Edward A. DuBois, M.D. 10/05/--

26. ACCEPT ASSIGNMENT (GOVERNMENT CLAIMS ONLY) (SEE BACK) YES ☐ ☐ NO

27. TOTAL CHARGE: 560 00

28. AMOUNT PAID: 0 00

29. BALANCE DUE: 560 00

30. YOUR SOCIAL SECURITY NO: 243-78-0394

31. PHYSICIAN'S, SUPPLIER'S AND OR GROUP NAME, ADDRESS, ZIP CODE AND TELEPHONE NO:
Medical & Dental Associates, P.C.
2104 Snelling Avenue
St. Paul, MN 55104-1234
(612) 555-0044
ID NO 93-4512104

32. YOUR PATIENT'S ACCOUNT NO: NA

33. YOUR EMPLOYER ID NO: 93-4512104

*PLACE OF SERVICE AND TYPE OF SERVICE (TOS) CODES ON BACK XXX

REMARKS

APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 6/83

FORM CHAMPUS 501.1 (6/81) FORM HCFA 1500

FORM AMA OP 503

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Handout 2

MEDICAL & DENTAL ASSOCIATES, P.C.
2104 Snelling Avenue St.Paul, MN 55104-1234
Phone (612) 555-0044

Sara E. Ferraro
235 Marshall
Minneapolis, MN 55025-3962

DATE	DESCRIPTION	CHARGE		✓	CREDITS PAYMENT		CREDITS ADJUSTMENT		CURRENT BALANCE	
09/11	CON EXT	60	00							
	OS									
	Proctosigmoidoscopy	75	00						135	00
09/12	PRO									
	(Hemorrhoidectomy)	425	00							
10/03	OV (Follow-up)	NC							560	00

Pay last amount in this column

Description Codes—Medical

CON — Consultation
CPX — Complete Physical Exam
E — Emergency
EKG — Electrocardiogram
HC — House Call
HV — Hospital Visit
PRO — Procedures
SE — Special Exam
PT — Physical Therapy

Description Codes—Dental

AR — Amalgam Restoration
CB — Crown/Bridge Service
CR — Composite Restoration
EXT — Extraction
GR — Gold Restoration
GT — Gingival Treatment
P — Prophylaxis
PA — Preparatory Appointment
PR — Porcelain Restoration
RP — Reparative Procedure
ST — Sedative Treatment

Description Codes—General

EC — Error Corrected
INJ — Injection
INS — Insurance
LAB — Laboratory
NC — No Charge
OV — Office Visit
OS — Office Surgery
ROA — Received on Account
S — Supplies, Drugs
X — X ray

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Handout 3

MEDICAL & DENTAL ASSOCIATES, P.C.
MEDICAL TREATMENT RECORD

Patient Sara E. Ferraro — Date 09/11/--
Occupation Financial Consultant — DOB 09/13/60 — Age ____
Insurance Carrier Minnesota Mutual Ins. — Social Security No. 613-07-8176
Admitted 09/11/-- Discharged 09/16/-- — Consults: NONE
Hospital: Community Other ____ — Referred by: Dr. Walter B. Snead

CC: Hemorrhoids

Previous Symptom: Yes / (No)
First Symptom: 08/16/--

Physical Examination

General: BP 130/90; pulse 88 and regular; temperature 37°C orally; respiration 15
Appearance: Healthy
HEENT: WNL
Lungs: Clear to P+A
Cardiac: NSR, no M
ABD: WNL
Extremities: WNL
Rectal: External hemorrhoids (some bleeding)

Dx (Primary): Rectal polyps (569.0 ICD-9-CM Code)
i-e hemorrhoids (455.0 and 455.5 ICD-9-CM Code)

Dx (Secondary):

-

Dx (Postoperative):

Condition cleared

Procedures: Extensive pt consultation (90610 CPT-4 Code)
(minimal. extinct repair) Proctosigmoidoscopy & polypectomies (2) (45315 CPT-4 Code)
(rectal polyps 1 cm x 1 cm x ½ cm, 4.3 gm)
Resume life 09/12 Hemorrhoidectomy, complete, i-e, in hospital (46255-52 CPT-4

Complications:

None

Dx Testing (Place of service):

BX - polyps (benign) } (IH)

Plan: Re-V 3 weeks (10/03/--)

Edward A. DuBois, M.D. 77
Attending Physician

Handout 4

PATIENT INFORMATION RECORD—Continued

MEDICAL HISTORY

1. Are you currently in good health? yes
2. Are you under a physician's regular care at this time? No If yes, state reason(s) for regular treatment.
3. Are you currently taking prescribed medication? No If yes, state generic name and dosage schedule.
4. Are you currently taking nonprescription medication? No If yes, state brand name and dosage schedule.
5. Circle the names of the following illnesses for which you have been treated:

alcoholism	asthma	hemorrhoids	kidney disease	rheumatic fever
allergy	colitis	hepatitis	lumbago	rubella
amenorrhea	diabetes	hernia	migraine	other:
anemia	gingivitis	hypertension	mononucleosis	
arthritis	heart disease	hypoglycemia	periodontal disease	

6. Have you ever had prolonged bleeding? No If yes, explain.
7. Have you ever had an unusual reaction to a drug, antibiotic or anesthetic, such as novocaine or penicillin? NO If yes, explain.
8. Is there other information that should be known...
   about your health? - NO
   about previous treatment? No
9. Have you ever been exposed to the AIDS virus? No

OTHER

Purpose of First Visit Bothered by hemorrhoids
Date of First Visit 9/11/--
Referred by Walter B Snead, M.D.
Family Physician Dr Snead

Release of Information

I authorize the release of any medical or dental information acquired in the course of my examination or treatment to process insurance claims.
Signature Sara E. Ferraro

Associate Edward A. DuBois, M.D.
Method of Payment Insurance
Signature Sara E. Ferraro

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Handout 5

PATIENT INFORMATION RECORD

PERSONAL (Please print)

Name Sara E. Ferraro
Address 235 Marshall
Minneapolis, MN 55025-3962
Telephone (612) 555-3331
Date of Birth 9/13/60
Sex F Marital Status M
Social Security No. 613-07-8176

Employer (Self) Ferraro Associates
Address 1 Samual Road
Golden Valley, MN 55176-4444
Telephone (612) 555-6400 Ext. 112
Occupation Financial Consultant
Notify in Emergency Richard Ferraro
Telephone (612) 555-4511

BILLING—INSURANCE

Charge to Account of Sara E. Ferraro
Address Same

Subscriber Sara E. Ferraro
Address Same

Telephone ( )
Employer
Address
Job/Union No.
Subscriber's SS No. 613-07-8176
Relationship to Patient Self
Carrier* Minnesota Mutual Insurance
Address 1300 Main Street
Minneapolis, MN 55025-3364
Policy No. M 613 807816
Subscriber I.D. No.
Group Name/No.

Issue Date
Effective Date 4/14/77
Expiration Date

Assignment of Benefits

I hereby authorize payment directly to the physician/dentist named below of the group insurance benefits otherwise payable to me.
Signature Sara E. Ferraro
Associate Edward A. DuBois, M.D.

Subscriber
Address

Telephone ( )
Employer
Address
Job/Union No.
Subscriber's SS No.
Relationship to Patient
Carrier**
Address

Policy No.
Subscriber I.D. No.
Group Name/No.

Issue Date
Effective Date
Expiration Date

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* Indicate military status if CHAMPUS/CHAMPVA.
** List all carrier information and effective dates of other coverage on separate record.

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FORM APPROVED
OMB NO. 0938-0008

Handout II.F.6

HEALTH INSURANCE CLAIM FORM

(CHECK APPLICABLE PROGRAM BLOCK BELOW)

☐ MEDICARE (MEDICARE NO.) ☐ MEDICAID (MEDICAID NO.) ☐ CHAMPUS (SPONSOR'S SSN) ☐ CHAMPVA (VA FILE NO.) ☐ FECA BLACK LUNG (SSN) ☐ OTHER (CERTIFICATE SSN)

PATIENT AND INSURED (SUBSCRIBER) INFORMATION

1. PATIENT'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)	2. PATIENT'S DATE OF BIRTH	3. INSURED'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)
4. PATIENT'S ADDRESS (STREET, CITY, STATE, ZIP CODE) TELEPHONE NO.	5. PATIENT'S SEX MALE ☐ FEMALE ☐	6. INSURED'S I.D. NO. (FOR PROGRAM CHECKED ABOVE, INCLUDE ALL LETTERS)
	7. PATIENT'S RELATIONSHIP TO INSURED SELF ☐ SPOUSE ☐ CHILD ☐ OTHER ☐	8. INSURED'S GROUP NO. (OR GROUP NAME OR FECA CLAIM NO.) ☐ INSURED IS EMPLOYED AND COVERED BY EMPLOYER HEALTH PLAN
9. OTHER HEALTH INSURANCE COVERAGE (ENTER NAME OF POLICYHOLDER AND PLAN NAME AND ADDRESS AND POLICY OR MEDICAL ASSISTANCE NUMBER)	10. WAS CONDITION RELATED TO: A. PATIENT'S EMPLOYMENT YES ☐ NO ☐ B. ACCIDENT AUTO ☐ OTHER ☐	11. INSURED'S ADDRESS (STREET, CITY, STATE, ZIP CODE) TELEPHONE NO. 11a. CHAMPUS SPONSOR'S STATUS ☐ ACTIVE DUTY ☐ DECEASED ☐ RETIRED BRANCH OF SERVICE
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (READ BACK BEFORE SIGNING) I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THIS CLAIM. I ALSO REQUEST PAYMENT OF GOVERNMENT BENEFITS EITHER TO MYSELF OR TO THE PARTY WHO ACCEPTS ASSIGNMENT BELOW. SIGNED DATE		13. I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO UNDERSIGNED PHYSICIAN OR SUPPLIER FOR SERVICE DESCRIBED BELOW. SIGNED (INSURED OR AUTHORIZED PERSON)

PHYSICIAN OR SUPPLIER INFORMATION

14. DATE OF ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP)	15. DATE FIRST CONSULTED YOU FOR THIS CONDITION	16. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS OR INJURY, GIVE DATES	16a. IF EMERGENCY CHECK HERE ☐
17. DATE PATIENT ABLE TO RETURN TO WORK	18. DATES OF TOTAL DISABILITY FROM THROUGH	DATES OF PARTIAL DISABILITY FROM THROUGH	
19. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE (e.g., PUBLIC HEALTH AGENCY)		20. FOR SERVICES RELATED TO HOSPITALIZATION GIVE HOSPITALIZATION DATES ADMITTED DISCHARGED	
21. NAME & ADDRESS OF FACILITY WHERE SERVICES RENDERED (IF OTHER THAN HOME OR OFFICE)		22. WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE? YES ☐ NO ☐ CHARGES	

23. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. RELATE DIAGNOSIS TO PROCEDURE IN COLUMN D BY REFERENCE NUMBERS 1, 2, 3, ETC. OR DX CODE →
1
2
3
4

B. EPSDT YES ☐ NO ☐ FAMILY PLANNING YES ☐ NO ☐ PRIOR AUTHORIZATION NO.

24. A. DATE OF SERVICE FROM TO	B.* PLACE OF SERVICE	C. FULLY DESCRIBE PROCEDURES, MEDICAL SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN. PROCEDURE CODE (IDENTIFY) (EXPLAIN UNUSUAL SERVICES OR CIRCUMSTANCES)	D. DIAGNOSIS CODE	E. CHARGES	F. DAYS OR UNITS	G.* T.O.S.	H. LEAVE BLANK

25. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING DEGREES OR CREDENTIALS) (I CERTIFY THAT THE STATEMENTS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART THEREOF.)	26. ACCEPT ASSIGNMENT (GOVERNMENT CLAIMS ONLY) (SEE BACK) YES ☐ NO ☐	27. TOTAL CHARGE	28. AMOUNT PAID	29. BALANCE DUE
	30. YOUR SOCIAL SECURITY NO.	31. PHYSICIAN'S, SUPPLIER'S AND/OR GROUP NAME, ADDRESS, ZIP CODE AND TELEPHONE NO.		
32. YOUR PATIENT'S ACCOUNT NO.	33. YOUR EMPLOYER I.D. NO.	I.D. NO.		

*PLACE OF SERVICE AND TYPE OF SERVICE (T.O.S.) CODES ON BACK
REMARKS

APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 6/83

FORM HCFA 1500 (1-84) FORM CMCP 1500
FORM CHAMPUS 501 (1-84) FORM RRB 1500

FORM AMA OP-503

BIBLIOGRAPHY

Thomas, Robert J. and Cichon, Donald. Job-Related Language Training for Limited-English Proficient Employees, Development Assistance Corporation, 410 Dover Point Road, Dover, New Hampshire 03820, 1990.

Thomas, Robert J., Bird, Lelija, A. and Grover, Jane. Serving Vocational ESL Students. American Association of Community Colleges, One Dupont Circle, N.W., Suite 410, Washington, D.C. 20036. 1992.

Career Resources Development Center, California Cultural Awareness Resource Guide. 1984.

Seelye, Ned. Teaching Culture, National Textbook Company.

Bassano, Sharron and Mary Ann Christison. "Cooperative Learning in the ESL Classroom." TESOL Newsletter XXII #2. 1988.

VI. INTERNSHIPS AND JOB DEVELOPMENT

A. INTERNSHIPS

Many immigrants and refugees entering vocational training programs have not held jobs in the United States before and therefore have little knowledge of the cultural practices of American workplaces or the types of technologies that are used. Internships provide participants the opportunity to gain work experience in local businesses, apply the skills they have developed in the classroom, and develop local business references.

CRDC employment counselors develop internships for each student during the second nine-week cycle. Students attend their internships four hours daily. The employment counselors work closely with both the student and the internship supervisors to ensure that the relationship is fruitful to both parties. The internship supervisors provide evaluations of trainees at the conclusion of training. Approximately one third of CRDC's trainees are offered jobs from their internship supervisor.

When arranging internships, the employment counselor should:

a. Send more than one program participant to be interviewed by a prospective internship supervisor to give the employer the opportunity to choose the person she/he thinks will work out the best.

b. Provide program participants and employers with a contract which outlines the responsibilities of both parties. The contract should describe the job duties, training, hours of work, and contact person. A sample contract is provided at the end of this section.

c. Make regular follow-up calls to the internship supervisor to ensure that the situation is working out well for the employer and to trouble-shoot problem which may arise.

d. Check up regularly with program participants to make sure things are going well for them and to help them resolve any problems which may arise.

B. JOB DEVELOPMENT

The end result of bilingual vocational training is job placement. Although many trainees are offered employment at their internship business, many require the job placement services of employment counselors. The following section outlines the many facets of job development, including cold calling, case management, and job placement techniques.

1 Cold Calling

Although an organization or school may have a solid employer network for job development, it is always necessary to make new contacts. Employment counselors use the newspapers and yellow pages to identify prospective employers for program participants. When contacting a new employer for the first time, the following the employment counselors should:

a. introduce him/herself and the agency/school.

b. describe the type of training program participants receive.

c. describe the types of training which students have received through internships and the kinds of jobs program participants are generally placed in upon completion of training.

d. mention other companies which are similar to the one your contacting that your school as successfully worked with.

e. explain that you pre-screen clients and the referral service is free of charge.

f. ask if you can visit the employer to describe the program in more detail and to provide a sample of resumes of program graduates.

g. if the employer doesn't have any positions open at this time, tell them you will send information about your school and contact them for future referrals.

2. Presentations to Employers

A presentation to an employer provides face-to-face interactions and helps employment representatives establish personal rapport with the employer. It also

enables the employment representative to better decide the appropriate student to refer to the job opening. When meeting with an employer:

a. Give information about your program. Sell a balance of yourself, the program and the job seekers.

b. Wrap your description of the program/participants around the specific employers needs.

c. Make the presentation brief; avoid jargon and oversell.

d. Give the employer written material and leave your business card.

e. Send a thank you card after the presentation.

The following questions can be asked after establishing rapport and thanking the employer for her time. The goal is to get the employer talking, learn about their needs, and listen for clues to their hidden agenda.

a. I'm very interested in learning more about your company. Can you tell me a little about the history of your company.

b. There are a lot of restaurants, insurance companies, etc., in this area. What has made your company successful?

c. I haven't really worked with a glass manufacturer, bank, etc., before. Can you tell me a little about your industry?

d. I know that you are in an industry that changes very quickly. What factors have helped your business stay ahead of the competition?

When closing the meeting, employment counselors should:

a. Clarify the agreement

b. Decided on follow-up procedures.

c. Be clear about timetables and contacts.

d. End on an upbeat note, celebrating the new relationship.

3. Effective Job Development when Working with Immigrants and Refugees

1. Learn the cultural perspective that the job seeker brings to the job search process. Develop an understanding of how the various motives, approaches and skills needed for job hunting in the participant's native country relate to job hunting in the this country. What stages and concepts are similar? Which are opposite. What attitudes are related to gender and class as well as culture.

2. Learn if the job seeker has any reference points for working with someone in /a job development relationship.

3. Clarify the roles, relations and expectations of the job developer and the job seeker.

4. Appreciate what stress and instability can mean to the immigrant and refugee job seeker.

5. Develop as clear an understanding as possible of the cultural priority factors in determining whether a job is a good or bad match for the job seeker. For example, in extended family situations, individuals may not make these judgements on their own. Be sensitive to the factors that are significantly different from your own ideas of a good or bad job match.

6. Consistently involve the participant as much as possible in the job search and job development process. Involve the job seeker in strategy development, learning new techniques and problem solving.

7. Look for communication, cultural or class barriers to understanding work experience that is much different from your own.

8. Use an assets to employment, rather than a barriers to employment approach.

9. Prepare the job seekers for employer resistance.

10. Teach about the issues involved in job retention, job quitting, and job loss.

11. Discuss the family and role changes that job search and employment will

generate with the participant and brain storm to solve problems. Many people, for example, leave their job when the pressure of role reversal hits their family and they are unprepared.

12. Use very realistic role play situations. Develop and interview relationship with another agency that will allow each agency to interview the other's clients. Often employers are willing to visit an agency to provide participants with authentic interview practice.

4. Principles of Effective Job Development

A. Responding to Employers

It is important to respond to the employer in a timely manner. The turnaround time for referring applicants to employer should be 24 hours. Faxing resumes to the employer is a good way to get the process moving along. If there are no suitable applicants for a the position, refer the employer to other agencies or schools which may be able to assist him\her. This way, even though you did not get the placement, the employer will appreciate your assistance in locating prospective workers, and will undoubtedly call your agency the next time he or she has an opening.

B. Understanding Employer Needs

If the company is a new contact, make it a priority to visit the employer. At the worksite, you can get a sense of the business culture, size and responsibilities for the open position. This makes it easier to find the right job match for the employer and participant. The following questions are designed to facilitate the job matching process.

1. The job opening lists skills in three main areas. You'll be interviewing people with different levels of strengths in each area. How would you rank these three areas in terms of need?

2. What do you regard as the core skills for this position. What other skills would you like the person to have?

3. You mentioned that you have hired for this position in the past. What kind of people tend to work out the best in this job? When people haven't worked out, what have the problems been.

4. What is going to be the hardest thing about finding the right person for this job?

5. Can you describe a typical day on this job?

6. Would it be possible for me to have a brief look at the worksite?

7. What kind of personality works out best in this particular job?

3. Preparing the Participant for the Interview

a. Give the applicant as much information as possible about the company and the position. Tell the applicant what the company is looking for and why you think he/she is qualified.

b. Prepare the applicant for the interview. Conduct a mock interview that is as realistic as possible. Practice questions and responses and make sure the applicant has questions he/she will ask the employer.

c. Inquire about the participants concerns regarding the interview. Discuss the anxiety caused by interviews and ways in which the participant can overcome the anxiety.

d. Go over the location of the business and how the participant will get to the interview. Help the participant develop a realistic time line for getting to the interview.

4. Following Up

After the interview, follow-up with a phone call to get feedback about the participant. Clarify any questions the employer may have about the participant. Ask the employer is she\he would like to interview more candidates and when a decision will be made. Also follow-up with the student by finding out how they interview went from the participant's point of view and giving any relevant feedback from the employer.

CRDC
CAREER RESOURCES DEVELOPMENT CENTER

INTERNSHIP CONTRACT

Jobs and Education for the Community

Volunteer Internship Information Sheet

Jobsite Location: _____
_____

Supervisor's Name: _____ Phone #: _____

Dates of Internship: _____ Time of Internship: _____

Volunteer's Name: _____

Your volunteer has received CRDC training in the following areas: Word Perfect 6.0, Windows 3.1, typing, 10-key, filing, telephone techniques, and business English. Feel free to ask your volunteer about any other skills she/he may have from previous work experience.

Job title of Volunteer: _____

Responsibilities of the Volunteer:
*(please be as specific as possible)

_____
_____
_____
_____
_____
_____

Volunteer's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Please return to CRDC by September 23rd. Thank you for all your assistance!

Printed on recycled paper

655 Geary Street San Francisco, CA 94102 415 775-8880 Fax: 415 775-1748
320 - 13th Street Oakland, CA 94612 510 268-8886 Fax: 510 268-0688

CRDC VOLUNTEER INTERN EVALUATION & ATTENDANCE FORM

INTERN'S NAME: _____
COMPANY: _____
DEPARTMENT: _____ SUPERVISOR: _____

---

*Please put appropriate number on the line where applicable.

1 = outstanding 4 = needs improvement
2 = good 5 = poor
3 = satisfactory

WORK SERVICES

1. Handles daily assignments satisfactorily _____
2. Demonstrated knowledge of job matter. _____
3. Asks for new tasks when preceding project is completed. _____
4. Accepts responsibilities which job requires. _____
5. Is prompt in arrival at work & observes other schedules. _____

COMMUNICATION SKILLS

1. Evidences comprehension. _____
2. Is able to orally express himself/herself. _____
3. Demonstrates ability to read English materials. _____
4. Demonstrates ability to write as job required. _____

PERSONAL CHARACTERISTICS

1. Shows care in personal appearance and grooming. _____
2. Appears to be at ease in work situation. _____
3. Exercises good judgement and tact. _____
4. Gets along with co-workers. _____
5. Accepts suggestions for improvement. _____

COMMENTS: (*Please use the back of this sheet if necessary*)

_____
_____
_____
_____

_____ _____
Date Supervisor's Signature

VII. GUEST SPEAKERS

In addition to classroom instruction, students benefit from informational workshops on a variety of career related topics. CRDC organizes the following workshops for BVT trainees:

CPR Training

The BVT medical program organizes a CPR training workshop at the end of the first cycle. By this time, students have developed enough knowledge of medical terminology to comprehend the CPR training, although bilingual instructors are available to provide translations when needed. Students receive a two-year CPR certificate upon completion of training.

A variety of organizations provide pro bono workshops for the BVT medical training program. In addition, former students working in medical facilities are invited to speak to new classes and describe their experiences finding work and working as bilingual health care workers. The following organizations provide workshops for BVT trainees:

ORGANIZATION	TOPIC(S)
Asian American Communities Against AIDS	AIDS prevention
Asian Law Caucus	Citizenship Discrimination Worker's Rights
University of California Medical Center Opportunities	Employment
San Francisco Rape Treatment Center	Rape prevention and treatment
Safety Awareness for Everyone (SAFE)	Personal Safety
Department of Public Health	Immunization for adults and children

INTERNAL Revenue Service	Tax Credits for Families Installment Payments Deductions
Dr. Henry K. Tsao, C., O.M.D.	Chinese Medicine
City College of San Francisco Dental Assistant Program Allied Health Program	Matriculation to Allied Health programs

VII. SUPPORTIVE SERVICES

In order to ensure that trainees will successfully complete training and secure jobs, it is essential that BVT programs provide supportive services to program participants. An Individual Service Strategy (ISS) which outlines supportive service needs should be developed for each participant at the beginning of the program and up-dated periodically throughout the training period as needed. Examples of supportive services are:

Transportation

Childcare

Health Coverage

Housing

Mental health counseling

CRDC's BVT program provides transportation tokens to all program participants for the duration of the training. Childcare stipends are available to participants who have childcare needs. Health coverage is arranged through a local hospital. CRDC works closely with a wide variety of community organizations which provide other services and referrals are made regularly.